



# Town of Franklin

## HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

p. 508-520-4905 f. 508-520-4989

NEW: Y or N  
RENEWAL: Y or N  
CALENDAR YEAR: \_\_\_\_\_  
FEE AMOUNT: \$35.00

### KEEPING OF ANIMALS PERMIT APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NUMBER AND TYPE OF ANIMALS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have adequate shelter/fencing for the animals as necessary? Y / N

Have you received and reviewed a copy of the Board of Health Bylaws  
relative to the keeping of animals in the Town of Franklin? Y / N

Please describe in detail your proposed waste/manure removal and odor  
control plan.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant signature: \_\_\_\_\_